



SMOKE DETECTOR, CARBON MONOXIDE DETECTOR TESTING AND FIRE DRILL CHECKLIST

Fire drills in Family-Based Treatment homes must be conducted and documented monthly. Smoke detectors and carbon monoxide detectors must be tested and documented weekly for *Battery-operated units* and monthly for others (hard wired or plug in). Space is provided below to document testing of up to 20 detectors during a five-week month. Please turn in this form with your other paperwork each month.

Number of smoke detectors in home (SD) _____ Battery-operated _____ other
 Number of carbon monoxide detectors in home (CO) _____ Battery-operated _____ other

Mark as follows: **O** = Operating properly **FR** = Failed, Replaced unit **FB** = Failed, replaced Battery, retested and operating

Date	Record Test Results of Each Smoke Detector (SD) and Carbon Monoxide Detector (CO) for Each Week																			
Month/Day/Year	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Week 1																				
Week 2																				
Week 3																				
Week 4																				
Week 5																				

Fire drill conducted on ____/____/____ at _____ AM/PM

Number of household members' present _____

Name of TURNING POINT child _____

_____ seconds _____ Primary route – full escape and regroup at appointed meeting place. **OR**

_____ seconds _____ Secondary route – indicated preparation for escape by opening window or full escape and regroup for persons who do not use windows as secondary route.

Comments:

_____ *** I have checked all fire extinguishers in my home, and they are adequately charged.**

Host Parent Signature * _____

Date: _____